Venue:
Community

Goal:
Promote Quitting of Tobacco Use

Activity:
C3.04 Health Care Systems Change/Trainings

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- **Population *(Census 2000)*: 700,820**
- **Total Households (*Census 2000): 260,800***
- **Adult Cigarette Smoking Prevalence *(BRFSS/ATS 2003)*: 26 percent**
- **Estimated Number of Adult Cigarette Smokers *(DOH 2004)*: 132,100**
- **Number of Students: 130,070**
- **Eighth Grade Cigarette Smoking Prevalence *(HYS 2002)*: 9 percent**

Washington State Department of Health
Tobacco Prevention & Control Program

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Tacoma-Pierce County Patch Plus Partnership Program

Project Description

The Patch Plus Partnership Program is a community partnership among the Tacoma-Pierce County Health Department, community clinics, and local organizations to encourage tobacco cessation at the systems level.

Policies People Changing the environment Practices
Tobacco Prevention & Control 2004 Annual Conference

Inputs

Rationale

- Tobacco quitting attempts are more likely to be successful if intensive interventions, including behavior modification classes or telephone counseling, are used in conjunction with pharmacotherapy (e.g. nicotine patch or other medications). Repeated quitting attempts increase the likelihood that tobacco users will achieve permanent cessation.
- The Clinical Guidelines for Treating Tobacco Use and Dependence recommend integrating tobacco cessation into standard care giving. It advises health care systems to implement standard treatment methods such as screening for tobacco use, using the 5 As (Ask, Advise, Assess, Assist, Arrange) with tobacco users who are ready to quit, using the 5 Rs of motivational interviewing (Relevance, Risk, Rewards, Roadblocks, Repetition) with tobacco users who are not ready, and providing relapse prevention treatment to those who have quit.
- The Patch Plus Partnership Program was designed to help put these recommendations into consistent practice by encouraging systematic screening and intervention, providing brief intervention trainings to caregivers, promoting the state Tobacco Quit Line services, and subsidizing nicotine replacement therapy.

Target Audiences
- Primary: Community health clinics, staff working in Tacoma-Pierce County Health Department direct services programs.
- Secondary: Tobacco users, specifically low income, underinsured, and uninsured clients

Resources

Staff
- Three staff people work on this program part-time for a total of .6 FTE.
- The program is entering its third year of working with low-income clinics and community-based organizations.

Funding
- State Tobacco Prevention and Control Program funding has been used for the past two years. No more than 5 percent of the Tacoma-Pierce County Health Department's funds were used to subsidize nicotine replacement therapy as an incentive to address tobacco cessation systematically.
- County general funds are used to support staff time.

Partnerships
- Public Health Seattle & King County provided start-up expertise. Whitney Taylor and Paul Zemann willingly shared program experience.
- Community Health Care Clinics of Pierce County, SeaMar Community Health Centers of Pierce County, Family Support Centers, Tacoma-Pierce County Health Department's MOMS Recovery Program, Tacoma-Pierce County Health Department's Communicable Disease Program/HIV Outreach, Franciscan Health Care System Freedom From Tobacco Support Group, Clean Air for Kids (American Lung Association), Korean Woman's Association, My Service Mind, Indochinese Cultural Service Center, ROSS Project/Low-Income Housing Program, and state Tobacco Prevention and Control Program

Activities

1. A committee of Tacoma-Pierce County Health Department staff helped develop the Patch Plus Partnership Program, which began in late 2001. The health department spent the first eight months convincing clinics and other systems to work with the health department, setting policies for screening every client for tobacco use, and creating a patch distribution system.
2. The program is focused in county clinics that serve low-income clients and show the highest level of service and most potential for sustainability.
3. A "Tobacco Champion," a Patch Plus Partnership Program lead, is identified in each organization to coordinate the program, including setting policies and protocols, and establishing chart stamps tracking systems and other systematic approaches to assessing and tracking tobacco users.
4. The champion is required to attend a four-hour Basic Tobacco Intervention Skills Training in which providers learn to screen for tobacco use and to refer tobacco users to resources. All other clinic staff members are encouraged to attend the training and learn about system level changes.
5. In the clinic, tobacco users who are identified as motivated to quit are asked to participate in the program and provided with cessation support. Underinsured and uninsured patients are provided with free nicotine replacement therapy. The clinic notifies the health department of new enrollees and the health department calls them once to lend support and provide problem solving advice and information about cessation resources.
6. The health department distributes nicotine replacement therapy to clinics quarterly. Clinics are required to budget their patch distribution to patients.
7. The health department holds an annual dinner or luncheon for champions to provide program updates and free materials and to recognize their efforts.

Outputs

1. The Tacoma-Pierce County Health Department developed a database to track the following information about program participants:
   - Number of persons enrolled
   - Number of participants who are uninsured or on Medicaid, Medicare, or other insurance that does not cover cessation services or have a prescription medication benefit
   - Level of service received in program
   - Other cessation resources used
   - Demographic characteristics
   - Number of years smoked and average packs smoked per day
   - Quit data and number of weeks smoke-free
   - Referral source (name of health care or community organization)
   - Quit attempts history
   - Level of motivation to quit
2. During fiscal year 2002–2003:
   - 37 clinics and organizations participated.
   - 600 providers were trained.
   - 15,000 patients were screened for tobacco use.
   - 500 patients enrolled in the program.
3. To date, 128 providers were trained and the program has reached about 50,500 clients.

Evaluation

- Program participants received a follow-up phone survey to determine quit rates. Surveys were conducted three and six months after participants' quit dates. Quit rates are similar to those shown for the state quit line.

  Results from the end of 2002 showed (n=133)
  - 20 percent were smoke-free at three months*
  - 13 percent were smoke-free at six months *

  Results from the end of 2003 showed (n=229)
  - 23 percent were smoke-free at three months*
  - 11 percent were smoke-free at six months*

(*Many participants were ineligible due to lack of information or the type of program they were in. Data on many participants were missing due to difficulties with follow-up contact with clients. Missing clients are assumed to still be smoking.)

The health department developed a qualitative assessment for tobacco champions to determine which components of the training and the program worked or needed improvement, and to assess beliefs and behavior around screening patients for tobacco use.

Results in fall 2002 showed:
- 82 percent of organizations reported that most of their providers screened tobacco users and gave them brief interventions. The most common type of brief interventions were "assessing willingness to quit" and "advising to quit."
- Only 4 percent of organizations consistently were using reminder systems such as chart stickers.

Lessons Learned

- Nicotine replacement therapy is expensive and resources are limited for its purchase. The health department is looking to collaborate with other organizations to increase nicotine replacement therapy resources. Other restrictions may have to be implemented in clinics to limit nicotine replacement therapy, including only giving a client one chance to quit a year or only giving the first two-week supply.
- Systems integration takes a majority of time to develop and tailor to specific health settings and individual clinics.
- Champion turnover is a problem and thus training must be systems-wide to all personnel willing to be trained.
- Using the patches as a carrot is an effective strategy for initial system buy-in; however, ongoing tobacco cessation systems integration must provide deeper level systems buy-in, or changes will not be permanent.
- We also are looking to how we can deepen the systemization of tobacco cessation in these settings. We would like tobacco cessation pharmaceutical support to eventually channel directly to the clinics, which then could offer them on a sliding-fee scale to patients.